**\_\_\_\_\_\_\_\_\_\_\_\_國中 愛心早餐學生領取紀錄表**

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| 編號  號  號 | 班 級 | 姓 名 | 月 日  (請簽名) | 月 日  (請簽名)  名) | 月 日  (請簽名) | 月 日  (請簽名) | 月 日  (請簽名) |
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PS. 請每月初傳真 (03) 4919844 瑪潮關懷協會 郭小姐 收，或拍照傳Line，謝謝